FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | OMB APP | ROVAL | | | | | | | |
|---|--------------------------|----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-028 | | | | | | | |
| 1 | Estimated average burden | | | | | | | | |

| Section 16. Form 4 or Form 5 obligations may continue. See | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | |
|--|---|--|-------------------------|-------|--|--|
| Name and Address of Reporting Person* | 2. Issuer Name and Ticker or Trading Symbol DiamondRock Hospitality Co [DRH] | 5. Relationship of R (Check all applicabl | eporting Person(s) to I | ssuer | | |

| 1. Name and Address of Reporting Person* MCCARTEN WILLIAM W | | | | | 2. Issuer Name and Ticker or Trading Symbol DiamondRock Hospitality Co [DRH] | | | | | | | | | heck all ap | pplicable) ector | ng Person(s) to | owner | |
|--|---|--|---|--------|--|---|---------|---|-------------------|--|---------------------|--|---|--|---|---------------------------------------|---|--|
| | MONDRO | CK HOSPITAL | | | 01/ | 3. Date of Earliest Transaction (Month/Day/Year) 01/12/2016 | | | | | | | | | Offic belo | cer (give title bw) | Other belov | (specify) |
| 3 BETHESDA METRO CENTER, SUITE 1500 (Street) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | ne) | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person | | | | |
| BETHES | SDA M | D 2 | 20814 | | | | | | | | | | | | For | , | re than One Re | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | -Deriv | ative | Se | curitie | s Ac | quired, | Dis | _ | | | | | ed | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | Execution Day/Year) if any | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispos | | rities Acquired (A ed Of (D) (Instr. 3, | | | nd Secu Bene | ficially ed Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | | v | Amount | (A (C | () or () | Price | Trans | saction(s) . 3 and 4) | | (50.1 4) |
| Common | Common stock, par value \$0.01 per share 01/12 | | | 2/2016 | 6 | | | A | | 83(1) | | A | \$0 |) 3 | 357,567 | D | | |
| | | Та | ıble II - D | | | | | | | | sed of, onvertib | | | | / Owned | i | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/Yo | Date, | 4. Transactio Code (Inst 8) | | n of | | Expiration | 5. Date Exercisable ar Expiration Date Month/Day/Year) | | | d 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price of Derivative Security (Instr. 5) | vative derivative irity Securities | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amo or Num of Shar | ber | | | | |

Explanation of Responses:

1. Additional deferred stock units awarded in connection with the reinvestment of a dividend as required by the terms of the deferred stock units.

Remarks:

/s/ William J. Tennis, attorney-01/12/2016 in-fact

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.